## SRI LANKA – INDONESIA FRIENDSHIP ASSOCIATION (SLIFA) APPLICATION FOR ENROLMENT AS A LIFE MEMBER

To be filled and sent to the Hony. Secretary - SLIFA, C/o The Embassy of the Republic of Indonesia, 400/50, Sarana Road, Off Bauddhaloka Mawatha, Colombo 07.

Name: Dr/Mr/Mrs/Miss		
Place of Work/Designation:		
Address: Office		
		Tel. No:
Residence:		
Tel No & WhatsApp:		
Nationality:	NIC/Passport No:	
Civil Status:	If Married, Name of Spouse:	
Mobile No:	Email address:	
,	rding Indonesia?	

Type of Membership Applied for: Life Membership

I, the undersigned, hereby confirm that the information provided by me in this form is true and correct, and I agree to abide by the Rules & Regulations of SLIFA and extend my fullest assistance and co-operation in the event of my being selected as a member of the Association. I also agree to participate in all activities of SLIFA.

(Please note that a Member will be eligible for election into the Executive Committee only after a three year period of membership from the day of his/her enrollment).

## Life Membership Fee:

Please find enclosed Rs. 4,000.00 (Rupees Four Thousand only) being subscription for Life Membership paid by cheque/cash which will be subject to approval of my membership by SLIFA. The Executive Committee of SLIFA reserves the right to accept or reject the application.

Date	Signature		
Please note that payment should be made by Cash/Cheque. All cheques (Crossed) should be written in favour of the "SRI LANKA - INDONESIA FRIENDSHIP ASSOCIATION"			
Either the proposer or the seconder should be a member of the Executive Committee.			
Proposed by: Mr/Ms	Signature		
Seconded by: Mr/Ms	Signature		
Decision of the Executive Committee			
Application Accepted/Rejected at the Ex-Co meeting held on			
Cash/Cheque No received on	Hony. Secretary		
	Hony. Treasurer		
Membership of SLIFA is open only to citizens of Sri Lanka and Indonesia			

Form approved on 27.07.2019 (Revised on 25.02.2022)